

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

2630-62-018857
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
d. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Gen. Hospt		e. STREET ADDRESS (If outside, give location) 3737 Myrtle	
3. NAME OF DECEASED (Type or print) First Middle Last WILBUR ADDISON		4. DATE OF DEATH Month Day Year May 13, 1962	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-18-1929
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY City Market	
11a. FATHER'S NAME William Addison		11b. MOTHER'S MAIDEN NAME Salathia Washington	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 1949-1960		12b. SOCIAL SECURITY NO. [REDACTED]	
13a. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhagic Shock Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Internal Left Thoracic Hemorrhage DUE TO (c) Penetrating Gunshot Wound of Back		13b. NAME OF HUSBAND OR WIFE Martha Addison	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Resisting Police Officer	
20c. TIME OF INJURY Hour a.m. 3:25 Month, Day, Year 5/13/62	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 13th & Washington		
20e. CITY, TOWN, OR LOCATION Kansas City, Jackson, Mo		20f. COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Deputy Coroner [Signature]		22b. ADDRESS 1618 Lydia Ave	
22c. DATE SIGNED 5/13/62		22d. SIGNATURE [Signature]	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-16-62	23c. NAME OF CEMETERY OR CREMATORY Lincoln	23d. LOCATION (City, town, or county) (State) Kans City, Missouri
24. FUNERAL DIRECTOR Watkins Bros. Funeral Home 18th & Benton Blvd.		25. DATE RECD. BY LOCAL REG. 5-15-62	26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P.O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.